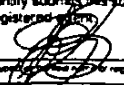
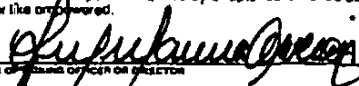


FILED
Jul 06, 2006 8:00 am
Secretary of State

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05-08-2006 90269 048 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000088268			
1. Entity Name HEALTHY LIFE NATURAL PRODUCTS, INC.			
Principal Place of Business 2375 WEST 80 ST. BAY 1 BLDG D HIALEAH, FL 33016		Mailing Address 7105 SW 8 ST. 306 MIAMI, FL 33144	
2. Principal Place of Business 10020 SW 124 STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33146	Country	Zip	Country
4. FEI Number 65-0869300		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, FANOR 2375 WEST 80 ST. HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name: D'ERBITI, LORENZO E. Street Address (P.O. Box Number is Not Acceptable) 10020 SW 124 STREET City: MIAMI, FL FL Zip Code: 33146	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		Date: 6/12/06	
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AVENIA, LUZ M 2575 WEST 67 #11 BLDG. 3 HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD D'ERBITI, LUZ M. 10020 SW 124 STREET MIAMI, FL 33146 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.			
SIGNATURE: LUZ M. D'ERBITI 		Date: 6-20-06 305 226 3443	

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